

(1)

FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT  
 IN THE UNITED STATES DISTRICT COURT  
 FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

57802  
 (Inmate Number) RECEIVED  
 MOSON SCRANTON  
 ADAM MOSONE SEP 29 2000  
 (Name of Plaintiff) FER 090800 B  
 (Address of Plaintiff) DEPUTY CLERK  
 York County Prison MED #4 9/14/00  
COPY COMPLAINT  
 vs.  
 Tom HOGAN 1:CV 01-1189  
 P. Thomas FILED  
 (Names of Defendants) SCRANTON  
 JUN 29 2001

TO BE FILED UNDER: 42 U.S.C. § 1983 - STATE OFFICIALS  
28 U.S.C. § 1331 - FEDERAL OFFICIALS

FER DEPUTY CLERK

I. Previous Lawsuits

A. If you have filed any other lawsuits in federal court while a prisoner please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

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II. Exhaustion of Administrative Remedies

A. Is there a grievance procedure available at your institution?  
 Yes  No

B. Have you filed a grievance concerning the facts relating to this complaint?  
 Yes  No

If your answer is no, explain why not \_\_\_\_\_

III. Defendants

(In Item A below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use Item B for the names, positions and places of employment of any additional defendants.)

A. Defendant Tom Hogan

is employed

as WARDEN at YORK County Prison

B. Additional defendants R. Thomas - DEPUTY WARDEN AT  
YORK County Prison

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach extra sheets if necessary.)

1. I fell out of the top bunk in "BAU" and they broke

there were no lights on I fell to the bottom bunk

I went to the bathroom and spit and my top teeth were broken

and they went down the corridor. They were there when this happen

2. The 2 wardens where there. I want them replaced

I can't eat or anything without my teeth.

3.

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

1. REPLACE my BROKEN DENTURES.

2. EITHER REPLACE my DENTURES OR SHIP me BACK TO my Country So I CAN GET them fixed.  
OR BACK TO Phil. 1913 <sup>CLARENCE CO</sup> ST Phila PA 19134  
CAUSE THAT IS where my wife and kids are

3.

Signed this 26 day of SEPT, 2000.

Adam Jan Moson  
(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

09-26-00  
(Date)

Adam Jan Moson  
(Signature of Plaintiff)

York County Prison  
Complaint Review System  
(805 A) Deputy Warden Response

TO: Adam Moore 57802  
Inmate Name  
NSC Mod 4  
Inmate Location

Complaint Register # 090800B  
Date 9/14/00

I have reviewed your grievance and my response is as follows:

York County Prison does not provide partial dentures for inmates.

TNS has not approved a partial denture.